

**COMBINED DECLARATION FOR PATENT AND POWER OF ATTORNEY**  
 (Includes Reference to PCT International Applications)

File No. 93-12C3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HEMATOPOIETIC PROTEIN AND MATERIALS AND METHODS FOR MAKING IT

the specification of which (check only one item below):

☐ is attached hereto    ☒ was filed as United States application Serial No. on June 1, 1994

and was amended on \_\_\_\_\_

☐ was filed as PCT international application Number \_\_\_\_\_ on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

| COUNTRY | APPLICATION NUMBER | DATE OF FILING | PRIORITY CLAIMED             |                             |
|---------|--------------------|----------------|------------------------------|-----------------------------|
|         |                    |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|         |                    |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|         |                    |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|         |                    |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|         |                    |                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I hereby claim the benefit under Title 35, United States Code 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT**

| U.S. APPLICATIONS       |                  | STATUS (check one) |         |           |
|-------------------------|------------------|--------------------|---------|-----------|
| U.S. APPLICATION NUMBER | U.S. FILING DATE | Patented           | Pending | Abandoned |
| 08/196,025              | 2/14/94          |                    | X       |           |
| 08/203,197              | 2/25/94          |                    | X       |           |
| 08/215,203              | 3/21/94          |                    | X       |           |

**PCT APPLICATIONS DESIGNATING THE U.S.**

| APPLICATION | FILING DATE | U.S. SERIAL NUMBERS ASSIGNED (if any) |  |  |  |
|-------------|-------------|---------------------------------------|--|--|--|
|             |             |                                       |  |  |  |
|             |             |                                       |  |  |  |

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Gary E. Parker  
Reg. No. 31,648

Deborah A. Sawislak  
Reg. No. 37,438

**Send Correspondence To:** Gary E. Parker  
ZymoGenetics, Inc.  
1201 Eastlake Avenue East  
Seattle, WA 98102

**Direct Telephone Calls To:**  
Gary E. Parker  
(206) 442-6673


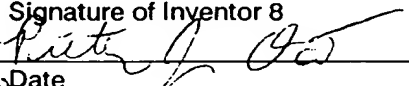
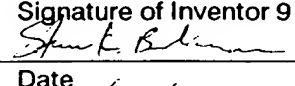
|   |                     |   |   |   |
|---|---------------------|---|---|---|
| 1 | Full Name           | Family Name<br>Holly                          | First Given Name<br>Richard               | Second Given Name<br>D.                 |
|   | Residence           | City<br>Seattle                               | State or Foreign Country<br>Washington WA | Country of Citizenship<br>US            |
|   | Post Office Address | Post Office Address<br>12539 10th Avenue NW   | City<br>Seattle                           | State & Zip Code/Country<br>WA 98177/US |
| 2 | Full Name           | Family Name<br>Lok                            | First Given Name<br>Si                    | Second Given Name                       |
|   | Residence           | City<br>Seattle                               | State or Foreign Country<br>Washington WA | Country of Citizenship<br>CA            |
|   | Post Office Address | Post Office Address<br>806 NW 52nd Street     | City<br>Seattle                           | State & Zip Code/Country<br>WA 98107/US |
| 3 | Full Name           | Family Name<br>Foster                         | First Given Name<br>Donald                | Second Given Name                       |
|   | Residence           | City<br>Seattle                               | State or Foreign Country<br>Washington WA | Country of Citizenship<br>US            |
|   | Post Office Address | Post Office Address<br>3002 N.E. 181st Street | City<br>Seattle                           | State & Zip Code/Country<br>WA 98155/US |
| 4 | Full Name           | Family Name<br>Hagen                          | First Given Name<br>Frederick             | Second Given Name<br>S.                 |
|   | Residence           | City<br>Lyngby                                | State or Foreign Country<br>Denmark DK    | Country of Citizenship<br>US            |
|   | Post Office Address | Post Office Address<br>Christoffers Alle 139  | City<br>Lyngby                            | State & Zip Code/Country<br>DK-2800/DK  |
| 5 | Full Name           | Family Name<br>Kaushansky                     | First Given Name<br>Kenneth               | Second Given Name                       |
|   | Residence           | City<br>Woodinville                           | State or Foreign Country<br>Washington WA | Country of Citizenship<br>US            |
|   | Post Office Address | Post Office Address<br>19745 N.E. 127th Place | City<br>Woodinville                       | State & Zip Code/Country<br>WA 98072/US |
| 6 | Full Name           | Family Name<br>Kuijper                        | First Given Name<br>Joseph                | Second Given Name                       |
|   | Residence           | City<br>Bothell                               | State or Foreign Country<br>Washington WA | Country of Citizenship<br>US            |
|   | Post Office Address | Post Office Address<br>6640 NE 154th Street   | City<br>Bothell                           | State & Zip Code/Country<br>WA 98011/US |

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application any patent issuing thereon.

|  |   |   |
|--|---|---|
| Signature of Inventor 1<br><i>Richard D. Holly</i> | Signature of Inventor 2<br><i>[Signature]</i> | Signature of Inventor 3<br><i>[Signature]</i> |
| Date<br>8-19-94                                    | Date<br>8/26/94                               | Date<br>7/26/94                               |
| Signature of Inventor 4<br><i>[Signature]</i>      | Signature of Inventor 5<br><i>[Signature]</i> | Signature of Inventor 6<br><i>[Signature]</i> |
| Date<br>8-18-94                                    | Date<br>7/28/94                               | Date<br>7/26/94                               |

|    |                     |   |   |   |
|----|---------------------|---|---|---|
| 7  | Full Name           | Family Name<br>Lofton-Day 7-0                 | First Given Name<br>Catherine             | Second Given Name<br>E.                 |
|    | Residence           | City<br>Brier                                 | State or Foreign Country<br>WA WA         | Country of Citizenship<br>US            |
|    | Post Office Address | Post Office Address<br>23908 35th Avenue West | City<br>Brier                             | State & Zip Code/Country<br>WA 98036/US |
| 8  | Full Name           | Family Name<br>Oort 8-0                       | First Given Name<br>Pieter                | Second Given Name<br>J.                 |
|    | Residence           | City<br>Seattle                               | State or Foreign Country<br>Washington WA | Country of Citizenship<br>US            |
|    | Post Office Address | Post Office Address<br>915 N. 198th           | City<br>Seattle                           | State & Zip Code/Country<br>WA 98133/US |
| 9  | Full Name           | Family Name<br>Burkhead 9-0                   | First Given Name<br>Steven                | Second Given Name<br>K.                 |
|    | Residence           | City<br>Seattle                               | State or Foreign Country<br>Washington WA | Country of Citizenship<br>US            |
|    | Post Office Address | Post Office Address<br>800 NE 66th Street     | City<br>Seattle                           | State & Zip Code/Country<br>WA 98115/US |
| 10 | Full Name           | Family Name                                   | First Given Name                          | Second Given Name                       |
|    | Residence           | City  | State or Foreign Country                  | Country of Citizenship                  |
|    | Post Office Address | Post Office Address                           | City                                      | State & Zip Code/Country                |
| 11 | Full Name           | Family Name                                   | First Given Name                          | Second Given Name                       |
|    | Residence           | City  | State or Foreign Country                  | Country of Citizenship                  |
|    | Post Office Address | Post Office Address                           | City                                      | State & Zip Code/Country                |
| 12 | Full Name           | Family Name                                   | First Given Name                          | Second Given Name                       |
|    | Residence           | City  | State or Foreign Country                  | Country of Citizenship                  |
|    | Post Office Address | Post Office Address                           | City                                      | State & Zip Code/Country                |

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application any patent issuing thereon.

|  |  |  |
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| Signature of Inventor 7<br> | Signature of Inventor 8<br> | Signature of Inventor 9<br> |
| Date<br>7-26-94  | Date<br>7-26-94  | Date<br>7/28/94  |
| Signature of Inventor 10   | Signature of Inventor 11   | Signature of Inventor 12   |
| Date   | Date   | Date   |